

**NATIONAL ORGANIC CERTIFICATION
COST SHARE PROGRAM
FOR PRODUCERS AND HANDLERS CERTIFIED BY OEFFA**



**Instructions for Requesting Reimbursement
For Certifications Issued between
Oct. 1, 2008 – Sept. 30, 2009**

The Food, Conservation & Energy Act of 2008 authorizes the USDA to provide cost share assistance to producers and handlers of agricultural products in obtaining certification under the National Organic Program. The Ohio Department of Agriculture will administer dissemination of these funds to eligible Ohio producers and processors.

Payments to eligible producers will be limited to 75 percent of an individual producer's or handler's certification costs, up to a maximum of \$750. Individual producers and processors will be reimbursed for costs incurred for certification issued during the period October 1, 2008 through September 30, 2009.

All of the enclosed items must be submitted by you to the Ohio Department of Agriculture:

1. Completed National Organic Certification Program Application Form
2. Completed Form W-9 (Request for Taxpayer Identification Number and Certification) *if you have not previously submitted this to the Ohio Department of Agriculture*
3. Copy of current Certification of Organic Operation (must be dated between 10/01/2008 and 09/30/2009).
4. Copy of invoice showing fees assessed for certification.

Please note that incomplete forms will delay your reimbursement.

Reimbursements will be on a first-come, first-served basis until program funds are exhausted. If you have questions, please call Bruce Benedict at the Ohio Department of Agriculture at (614) 752-9712.

Apply appropriate postage to the enclosed envelope and mail to:

Ohio Department of Agriculture
Organic Certification Cost-Share Program
8995 E. Main St.
Reynoldsburg, OH 43068

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Please print clearly or type

Name: _____

Business/Farm Name: _____

Mailing Address: _____

City: _____ State: OH ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

Social Security Number (or Tax ID): _____

Date of Certification (new or renewal): _____

Name of Certifier: _____

Certification Fees	
Certification Fee:	\$ _____
Inspection Fee (Handler's only):	\$ _____
TOTAL COSTS:	\$ _____

I certify that the above information is accurate and that no part of the certification expense has been reimbursed from other sources.

Payee Signature _____ Date _____

For office use only

Effective Date _____
Actual Certification Cost from Invoices \$ _____ x.75= \$ _____ or \$750
Initials _____ Date _____

